PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

| indicated unless corrected maintenance fee notificatio | below or directed otherwise ns. | e in Block 1, by (a) specifyir | ng a new correspondence address | s; and/or (b) indicating a sep | arate "FEE ADDRESS" for | | | | | |
|---|--|-------------------------------------|--|--|-------------------------|--|--|--|--|--|
| ARMSTRONG, LLP 1725 K STREET, | 590 ———————————————————————————————————— | , HANSON & BROO | Fee(s) Transmittal. T papers. Each addition have its own certifica | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, muchave its own certificate of mailing or transmission: Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimit transmitted to the USPTO, on the date indicated below. | | | | | | |
| SUITE 1000 WASHINGTON, I | DC 20006 | SEP 1 6 2004 | | (Depositor's name | | | | | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | \ _{\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\} | SEP 1 6 2004 3 | | (Signatur | | | | | | |
| | \E | k st | | | (Date) | | | | | |
| APPLICATION NO. | FILING DATE | FIRST NAM | MED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | | | | | |
| 09/771,700 | 01/30/2001 | Hiros | hi Okamoto | 010064 | 9493 | | | | | |
| | | | COMPOSITION, AND FUNCTI | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | | | | | |
| nonprovisional | YES | \$665 | \$300 | \$965 | 09/22/2004 | | | | | |
| EXAM | MINER | ART UNIT | CLASS-SUBCLASS | 7 | | | | | | |
| AHMED | , SHEEBA | 1773 | 428-373000 | _ | | | | | | |
| CFR 1.363). Change of correspond Address form PTO/SB/1 | <i>'</i> | Correspondence names agents firm (h | printing on the patent front page of up to 3 registered patent a OR, alternatively, (2) the name aving as a member a registered and the names of up to 2 regis | of a single attorney or 2 Quinto | ong, Kratz, | | | | | |
| ☐ "Fee Address" indicate PTO/SB/47: Rev 03-02 | ion (or "Fee Address" Indica or more recent) attached. Us | tion form | neys or agents. If no name is listed, no name 3 Brooks, LLP | | | | | | | |

• 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

will be printed.

(A) NAME OF ASSIGNEE

(Authorized Signature)

Number is required.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

KABUSHIKI KAISHA ERUBU

HAMAMATSU-SHI, JAPAN

| Please check the appropriate assignee category or categories | s (will not be printed on the patent); | individual | XX corporation or other private group entity | ☐ government | | | | | |
|--|---|---|--|--------------|--|--|--|--|--|
| 4a. The following fee(s) are enclosed: | 4b. Payment of Fee(s): | | | | | | | | |
| XXIssue Fee | XX A check in the amo | XX A check in the amount of the fee(s) is enclosed. | | | | | | | |
| XX Publication Fee | ☐ Payment by credit card. Form PTO-2038 is attached. | | | | | | | | |
| XXAdvance Order - # of Copies | XXI The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-2340 (enclose an extra copy of this form). | | | | | | | | |
| Director for Patents is requested to apply the Issue Fee and | Publication Foo (if any) or to so comb | | anid ingue for to the application identified the | | | | | | |

Director for Patents is requested to apply the fion Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

| James | Ε. | Arm | 5 | rong,I | V / R | eg. | No. | 42, | 266 |) | 09 | /16 | /0 | 4 |
|---|----|-----|---|--------|-------|-----|-----|-----|-----|---|----|-----|----|---|
| NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. | | | | | | | | | | | | | | |
| | | | | | | | | | | | - | | | |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents. Alexandria, Virginia 22313-1450. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

09/17/2004 EABUBAK2 00000088 09771700

665.00 OP 01 FC:2501 300.00 OP 02 FC:1504 30.00 OP 03 FC:8001